STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
45052	Tingley Associates Inc.

3. Street Address Principal Business Office	City	State	Zip
397 RESERVOIR ROAD	CUMBERLAND	RI	02864

4. Business Phone No.	5. State of Incorporation	6. SIC Code
	RHODE ISLAND	6130

7. Brief Description of the Character of Business Conducted in Rhode Island
INVESTMENTS

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Linda Anderson	397 Reservoir Road	Cumberland	RI	02864

Vice President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Linda Anderson	397 Reservoir Road	Cumberland	RI	02864

Treasurer Name	Street Address	City	State	Zip
Linda Anderson	397 Reservoir Road	Cumberland	RI	02864

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMM	NO PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
10	Cl A Common	No Par Value
990	Cl B Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 45052 [redacted]

45052 DBC 01/11/05 03:48:39 PM
File Date 2/1/05
Check No. 150
By: VJ.
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer *Date* 1/28/05

Linda Anderson
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
45052	Tingley Associates Inc.			
3. Street Address Principal Business Office		City	State	Zip
397 RESERVOIR ROAD		CUMBERLAND	RI	02864
4. Business Phone No.	5. State of Incorporation			6. SIC Code
	RHODE ISLAND			6130
7. Brief Description of the Character of Business Conducted in Rhode Island				
INVESTMENTS				

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
LINDA ANDERSON	397 RESERVOIR ROAD	CUMBERLAND	RI	02864

Vice President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
LINDA ANDERSON	397 RESERVOIR ROAD	CUMBERLAND	RI	02864

Treasurer Name	Street Address	City	State	Zip
LINDA ANDERSON	397 RESERVOIR ROAD	CUMBERLAND	RI	02864

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000	COMM	NO PAR VALUE	10	CL A COMMON	NO PAR VALUE
			990	CL B COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 45052 [redacted]

45052 DBC 01/13/04 12:32:53 PM

FILED
JAN 22 2004

File Date _____

Check No. 141 By kmc

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Linda L Anderson 1-20-04
Signature of Officer *Date*

LINDA ANDERSON
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
45052	Tingley Associates Inc.

3. Street Address Principal Business Office	City	State	Zip
397 RESERVOIR ROAD	CUMBERLAND	RI	02864

4. Business Phone No.	5. State of Incorporation	6. SIC Code
	RHODE ISLAND	6130

7. Brief Description of the Character of Business Conducted in Rhode Island
INVESTMENTS

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Linda Anderson	397 Reservoir Road	Cumberland	RI	02864

Vice President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Linda Anderson	397 Reservoir Road	Cumberland	RI	02864

Treasurer Name	Street Address	City	State	Zip
Linda Anderson	397 Reservoir Road	Cumberland	RI	02864

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 COMM NO PAR VALUE			10	Cl A Common	No Par Value
			990	Cl B Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

45052

45052 DBC1/28/034:56:41 PM
File Date 2-5-03
Check No. 130
By: KMC
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer — Date 2/5/03

Linda Anderson
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ
INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 45052
2. Name of Corporation: Tingley Associates Inc.
3. Street Address Principal Business Office: 397 Reservoir Road
   City: Cumberland State: RI Zip: 02864
4. Business Phone No.:
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6130
7. Brief Description of the Character of Business Conducted in Rhode Island: Investments

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Linda Anderson
Street Address: 397 Reservoir Road
City: Cumberland State: RI Zip: 02864

Vice President Name: None
Street Address:
City: State: Zip:

Secretary Name: Linda Anderson
Street Address: 397 Reservoir Road
City: Cumberland State: RI Zip: 02864

Treasurer Name: Linda Anderson
Street Address: 397 Reservoir Road
City: Cumberland State: RI Zip: 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: None
Street Address:
City: State: Zip:

Director Name: None
Street Address:
City: State: Zip:

Director Name: None
Street Address:
City: State: Zip:

Director Name: None
Street Address:
City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
10	Cl. A Common	No Par Value
990	Cl. B Common	No Par Value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

45052

File Date: 1/28/2002

Check No.: 119

By: [signature]

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[signature] 1/22/02
Signature of Officer Date

Linda Anderson
Print or Type Name of Officer

President
Title of Officer

5

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 45052
2. Name of Corporation: Tingley Associates Inc.
3. Street Address Principal Business Office: 397 Reservoir Road | City: Cumberland | State: RI | Zip: 02864
4. Business Phone No.:
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6130
7. Brief Description of the Character of Business Conducted in Rhode Island: Investments

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Linda Anderson	Vice President Name: None
Street Address: 397 Reservoir Road	Street Address:
City: Cumberland State: RI Zip: 02864	City: State: Zip:
Secretary Name: Linda Anderson	Treasurer Name: Linda Anderson
Street Address: 397 Reservoir Road	Street Address: 397 Reservoir Road
City: Cumberland State: RI Zip: 02864	City: Cumberland State: RI Zip: 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: None	Director Name: None
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name: None	Director Name: None
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMM	NO PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
10	Cl. A Common	No Par Value
990	Cl. B Common	No Par Value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

45052

File Date: FILED

Check No: FEB 20 2001

By: By DC102

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Linda Anderson 2-16-01
Signature of Officer *Date*

Linda Anderson
Print or Type Name of Officer

President
Title of Officer

Form 630 12/00

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 45052

2. Name of Corporation Tingley Associates Inc.

3. Street Address Principal Business Office 397 Reservoir Road

City Cumberland *State* RI *Zip* 02864

4. Business Phone No.

5. State of Incorporation RHODE ISLAND

6. SIC Code 6130

7. Brief Description of the Character of Business Conducted in Rhode Island

Investments

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name Linda Anderson
Street Address 397 Reservoir Road
City Cumberland *State* RI *Zip* 02864

Vice President Name None
Street Address
City *State* *Zip*

Secretary Name Linda Anderson
Street Address 397 Reservoir Road
City Cumberland *State* RI *Zip* 02864

Treasurer Name Linda Anderson
Street Address 397 Reservoir Road
City Cumberland *State* RI *Zip* 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	Common	No Par Value

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
10	Cl. A Common	No Par Value
990	Cl. B Common	No Par Value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

File Date: FILED
Check No.:
MAR 07 2000
By: By
FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer *Date* 3-1-00

Linda Anderson
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 31 12/96

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
45052	Tingley Associates Inc.

3. Street Address Principal Business Office	City	State	Zip
397 Reservoir Road	Cumberland	RI	02864

4. Business Phone No.	5. State of Incorporation	6. SIC Code
	RHODE ISLAND	6130

7. Brief Description of the Character of Business Conducted in Rhode Island
Investment

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name / Street Address	City	State	Zip
Linda Anderson / 397 Reservoir Road	Cumberland	RI	02864

Vice President Name / Street Address	City	State	Zip
None			

Secretary Name / Street Address	City	State	Zip
Linda Anderson / 397 Reservoir Road	Cumberland	RI	02864

Treasurer Name / Street Address	City	State	Zip
Linda Anderson / 397 Reservoir Road	Cumberland	RI	02864

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name / Street Address	City	State	Zip
None			

Director Name / Street Address	City	State	Zip
None			

Director Name / Street Address	City	State	Zip
None			

Director Name / Street Address	City	State	Zip
None			

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS COM NO PAR VAL		

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
10	Cl. A Com.	No Par Value
990	Cl. B Com.	No Par Value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 4 5 0 5 2 *

File Date: FILED

Check No.: FEB 11 1999 612

By: By

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Linda Anderson 2-9-99
Signature of Officer *Date*

LINDA A. ANDERSON
Print or Type Name of Officer

PRES.
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP: PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 45052
2. Name of Corporation: Tingley Associates Inc.

3. Street Address Principal Business Office: 397 Reservoir Road
City: Cumberland
State: RI
Zip: 02864

4. Business Phone No.:
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6130

7. Brief Description of the Character of Business Conducted in Rhode Island

Investment

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name: Linda Anderson
Street Address: 397 Reservoir Road
City: Cumberland State: RI Zip: 02864

Vice President Name: None
Street Address:
City: State: Zip:

Secretary Name: Linda Anderson
Street Address: 397 Reservoir Road
City: Cumberland State: RI Zip: 02864

Treasurer Name: Linda Anderson
Street Address: 397 Reservoir Road
City: Cumberland State: RI Zip: 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name: None
Street Address:
City: State: Zip:

Director Name: None
Street Address:
City: State: Zip:

Director Name: None
Street Address:
City: State: Zip:

Director Name: None
Street Address:
City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS COM NO PAR VAL		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
10	Cl. A Com.	No Par Value
990	Cl. B Com.	No Par Value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 4 5 0 5 2 *

File Date: 3.2.98
Check No.: SS1
By: ICP
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Linda A. Anderson 3/26/98
Signature of Officer *Date*

LINDA A. ANDERSON
Print or Type Name of Officer

PRES
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: **45052**
2. Name of Corporation: **Tingley Associates Inc.**
3. Street Address Principal Business Office: 397 Reservoir Road
City: Cumberland State: RI Zip: 02864
4. Business Phone No.:
5. State of Incorporation: **RHODE ISLAND**
6. SIC Code: **6130**
7. Brief Description of the Character of Business Conducted in Rhode Island: Investment

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐

President Name: Linda Anderson
Street Address: 397 Reservoir Road
City: Cumberland State: RI Zip: 02864

Vice President Name: None
Street Address:
City: State: Zip:

Secretary Name: Linda Anderson
Street Address: 397 Reservoir Road
City: Cumberland State: RI Zip: 02864

Treasurer Name: Linda Anderson
Street Address: 397 Reservoir Road
City: Cumberland State: RI Zip: 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name: None
Street Address:
City: State: Zip:

Director Name: None
Street Address:
City: State: Zip:

Director Name: None
Street Address:
City: State: Zip:

Director Name: None
Street Address:
City: State: Zip:

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
1,000 SHS COM NO PAR VAL			10	Cl. A Com.	No Par Value
			990	Cl. B Com.	No Par Value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 4 5 0 5 2 *

File Date: 3/3/97
Check No.: 537
By: W
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Linda A. Anderson 2-24-97
Signature of Officer *Date*

LINDA A. ANDERSON
Print or Type Name of Officer

Pres.
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
45052	Tingley Associates Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
397 Reservoir Road	Cumberland	RI	02864

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE
	RHODE ISLAND	6130

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Investment

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	VICE PRESIDENT NAME
Linda Anderson	None
STREET ADDRESS	STREET ADDRESS
397 Reservoir Road	
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
Cumberland / RI / 02864	
SECRETARY NAME	TREASURER NAME
Linda Anderson	Linda Anderson
STREET ADDRESS	STREET ADDRESS
397 Reservoir Road	397 Reservoir Road
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
Cumberland / RI / 02864	Cumberland / RI / 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
None	None
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
DIRECTOR NAME	DIRECTOR NAME
None	None
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS	COM	NO PAR VAL	10	Cl. A Com.	No Par Value
			990	Cl. B Com.	No Par Value

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

LINDA A. ANDERSON
Print or Type Name of Officer

PRES
Title of Officer

3-11-96
Date

File Date: 3/15/96
Check No: 588
By:

For Secretary of State Use Only

State of Rhode Island and Providence Plantations
Office of the Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT
Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 45052

Annual Report for the year: 1995

Name of Corporation: TINGLEY ASSOCIATES, INC.

Business entity organized under the laws of the State of: RHODE ISLAND
For foreign entity, address and telephone number of principal office:
N/A

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone:

Brief Statement of the character of business conducted in Rhode Island:

Investment

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
397 Reservoir Road
Cumberland, RI 02864

Phone:

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	Linda Anderson	397 Reservoir Road	Cumberland, RI	02864
VICE PRESIDENT				
SECRETARY	Linda Anderson	Same as above		
TREASURER	Linda Anderson	Same as above		

THE NAMES OF THE DIRECTORS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	N/A			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class/Series
1,000	Common/No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class/Series
10	Class A/Common/No Par Value
990	Class B/Common/No Par Value

Date: March 20, 1995

By: Linda A. Anderson

LINDA A. ANDERSON
PRINT OR TYPE NAME OF OFFICER SIGNING

Pres.
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

Adler Pollock & Sheehan, Inc., 2300 Hospital Trust Tower, Providence, Rhode Island 02903

CK# 5021

Filing Fee $50.00
Payable to:
Secretary of State

State of Rhode Island and Providence Plantations
Office of the Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
(401) 277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 45052 Annual Report for the year: 1994

Name of Business Entity: TINGLEY ASSOCIATES INC.

BUSINESS ENTITY ORGANIZED UNDER THE LAWS OF THE STATE OF: RHODE ISLAND

Federal Taxpayer Identification Number:

For foreign entity, address and telephone number of principal office:

N/A

phone:

Address and telephone of principal office of business entity in Rhode Island (Provide Street Address - Not P.O. Box):

~~89 Tingley Road,~~ Cumberland, RI 02864

397 RESERVOIR Rd

phone:

Business Entity is (check one):

[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Linda Anderson, President
~~89 Tingley Road,~~ Cumberland, RI 02864
397 RESERVOIR Rd

Brief statement of the character of business conducted in Rhode Island:

Investment

Date of Organization: 12-01-87

Date of Qualification to do business in Rhode Island (if foreign entity):

N/A

THE NAMES OF THE OFFICERS ARE:

[ ] CHIEF EXECUTIVE OFFICER OR [X] PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Linda Anderson, ~~89 Tingley Road~~, Cumberland, RI 02864	397 RESERVOIR Rd		
[ ] CHIEF OPERATING OFFICER OR [ ] VICE PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
[ ] CUSTODIAN OF RECORDS OR [X] SECRETARY (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Linda Anderson, same as above			
[ ] CHIEF FINANCIAL OFFICER OR [X] TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Linda Anderson, same as above			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
N/A			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER ~~10 Class A / 990 Class B~~ 1000 CJ
CLASS Common
SERIES n/a
PAR VALUE OR WITHOUT PAR No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 10 Class A / 990 Class B
CLASS Common
SERIES n/a
PAR VALUE OR WITHOUT PAR No Par Value

Filing Fee $50.00

To be filed annually between
January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 45052 Annual Report for the year 1993

FIRST: The name of the corporation is TINGLEY ASSOCIATES INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is investment

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 89 Tingley Road, Cumberland, RI 02864

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
N/A	Director	
	Director	
Linda Anderson	President	89 Tingley Road, Cumberland, RI 02864
	Vice President	
Linda Anderson	Secretary	same as above
Linda Anderson	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10	Common	Class A	No Par Value
990	Common	Class B	No Par Value

EIGHTH: Number of Shares issued:

Rec'd & Filed MAR 25 1993

AMT #29
440

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10	Common	Class A	No Par Value
990	Common	Class B	No Par Value

Dated _____ 1993

TINGLEY ASSOCIATES INC.
(Name of Corporation)

By _____
Title Pres

(Report must be signed by an officer)

Filing Fee $50.00

To be filed annually between
January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

LP 397

Corporate ID 45052 Annual Report for the year 1992

FIRST: The name of the corporation is Tingley Associates Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is investment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 89 Tingley Road, Cumberland, RI 02864

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Linda Anderson	President	89 Tingley Road, Cumberland, RI 02864
	Vice President	
Linda Anderson	Secretary	89 Tingley Road, Cumberland, RI 02864
Linda Anderson	Treasurer	89 Tingley Road, Cumberland, RI 02864

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10	A (Voting)	--	No Par
990	B	--	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10	A (Voting)	--	No Par
990	B	--	No Par

PAID
JAN 21 1992
SECY OF STATE

Dated 1/15 1992

Tingley Associates Inc.
(Name of Corporation)

By [signature]
Title Pres

KKP
(Report must be signed by an officer)

Filing Fee $50.00

To be filed annually between
January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 45052 Annual Report for the year 1991

FIRST: The name of the corporation is Tingley Associates Inc.

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Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Linda Anderson	President	89 Tingley Road, Cumberland, RI 02864
	Vice President	
Linda Anderson	Secretary	89 Tingley Road, Cumberland, RI 02864
Linda Anderson	Treasurer	89 Tingley Road, Cumberland, RI 02864

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10	A (Voting)	--	No Par
990	B	--	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10	A (Voting)	--	No Par
990	B	--	No Par

PAID
JAN 29 1991

Dated _____ 19__

Tingley Associates Inc.
(Name of Corporation)

By Linda A Anderson
Title Pres

(Report must be signed by an officer)

Filing Fee $15.00

To be filed annually between
January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 45052 Annual Report for the year 1990

FIRST: The name of the corporation is Tingley Associates Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is investment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 89 Tingley Road, Cumberland, RI 02864

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Linda Anderson	President	89 Tingley Road, Cumberland, RI 02864
	Vice President	
Linda Anderson	Secretary	89 Tingley Road, Cumberland, RI 02864
Linda Anderson	Treasurer	89 Tingley Road, Cumberland, RI 02864

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10	A (Voting)	--	No Par
990	B	--	No Par

RECEIVED
JAN 29 1 01 PM '90
SECRETARY OF STATE
CORPORATIONS DIV.

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10	A (Voting)	--	No Par
990	B	--	No Par

Dated 1/24 1990

Tingley Associates Inc.
(Name of Corporation)

By Linda Anderson
Title President

(Report must be signed by an officer)

Filing Fee $15.00

To be filed annually between
January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 45052 Annual Report for the year 1989

FIRST: The name of the corporation is Tingley Associates Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is investment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 89 Tingley Road, Cumberland, RI 02864

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Linda Anderson	President	89 Tingley Road, Cumberland, RI 02864
	Vice President	
Linda Anderson	Secretary	89 Tingley Road, Cumberland, RI 02864
Linda Anderson	Treasurer	89 Tingley Road, Cumberland, RI 02864

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10	A (Voting)	--	No Par
990	B	--	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10	A (Voting)	--	No Par
990	B	--	No Par

Dated 5-23 1989

Tingley Associates Inc.
(Name of Corporation)

By Linda C. Anderson
Title Pres

(Report must be signed by an officer)

Filing Fee $15.00

To be filed annually between
January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 45052 Annual Report for the year 1988

FIRST: The name of the corporation is Tingley Associates Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is investment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 89 Tingley Road, Cumberland, RI 02864

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Linda Anderson	President	89 Tingley Road, Cumberland, RI 02864
	Vice President	
Linda Anderson	Secretary	89 Tingley Road, Cumberland, RI 02864
Linda Anderson	Treasurer	89 Tingley Road, Cumberland, RI 02864

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10	A (Voting)	--	No Par
990	B	--	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10	A (Voting)	--	No Par
990	B	--	No Par

Dated 5-23 1989

Tingley Associates Inc.
(Name of Corporation)

By Linda A. Anderson
Title Pres

(Report must be signed by an officer)